

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 5/4/2004 9:36:09 AM

		1
1.	FOR THE MONTH ENDING:	March 31, 2004
2.	Name:	Liberty Dental Plan of California Inc.
3.	File Number:(Enter last three digits) 933-0	052
4.	Date Incorporated or Organized:	March 8, 1976
5.	Date Licensed as a HCSP:	August 3, 1978
6.	Date Federally Qualified as a HCSP:	
7.	Date Commenced Operation:	3/8/1976
8.	Mailing Address:	3636 Birch Street, Suite 250 Newport Beach, CA 92660
9.	Address of Main Administrative Office:	3636 Birch Street, Suite 250 Newport Beach, CA 92660
10.	Telephone Number:	949-223-0007
11.	HCSP's ID Number:	95-3031770
12.	Principal Location of Books and Records:	3636 Birch Street, Suite 250 Newport Beach, CA 92660
13.	Plan Contact Person and Phone Number:	Hugh Hazelwood 949-223-0007 ext. 217
14.	Financial Reporting Contact Person and Phone Number:	John Volkober 949-223-0007 ext. 209
15.	President:*	Amir Neshat DDS
16.	Secretary:*	
17.	Chief Financial Officer:*	John Volkober
18.	Other Officers:*	Hugh Hazlewood
19.		
20.		
21.		
22.	Directors:*	Amir Neshat DDS
23.		Hugh Hazlewood
24.		Mike Bassiri
25.		
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	Amir Neshat DDS
33. Secretary	signature required (please type for valid signature)
34. Chief Financial Officer	signature required (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here and complete question 4 on Page 2:	<input checked="" type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here	<input type="checkbox"/>

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	Yes 
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	Revised in response to error report.

STATEMENT AS OF 3-31-2004 OF 933-0052 Liberty Dental Plan of California Inc.

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	21,959
2. Short-Term Investments	
3. Premiums Receivable - Net	155,255
4. Interest Receivable	177
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	10,530
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	4,196
11. TOTAL CURRENT ASSETS (Items 1 to 10)	192,117
OTHER ASSETS:	
12. Restricted Assets	50,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	245,985
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	5,926
18. TOTAL OTHER ASSETS (Items 12 to 18)	301,911
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	17,664
21. Computer Equipment - Net	44,735
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	18,285
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	80,684
27. TOTAL ASSETS	574,712
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Supplies	1,200
1002. Prepaid DMHC Fees	2,996
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	4,196
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Deposits	5,926
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	5,926
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501. Computer Software-Net	18,285
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	18,285

STATEMENT AS OF 3-31-2004 OF 933-0052 Liberty Dental Plan of California Inc.

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable		XXX	0
2. Capitation Payable	2,844	XXX	2,844
3. Claims Payable (Reported)	9,968		9,968
4. Incurred But Not Reported Claims	15,273		15,273
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	143,656	XXX	143,656
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	73,149	0	73,149
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	244,890	0	244,890
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	0	XXX	0
19. TOTAL LIABILITIES	244,890	0	244,890
NET WORTH			
20. Common Stock	XXX	XXX	
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	621,748
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-291,926
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	0
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	329,822
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	574,712
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Commissions Payable	18,948		18,948
1102. Compensation Payable	12,402		12,402
1103. Administrative Expense Payable	9,564		9,564
1104. Outstanding Checks	32,235		32,235
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	73,149	0	73,149
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.		XXX	0
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.	XXX	XXX	
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	0

STATEMENT AS OF 3-31-2004 OF 933-0052 Liberty Dental Plan of California Inc.

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	110,162	798,988
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	177	1,603
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	-282	-3,490
11. TOTAL REVENUE (Items 1 to 10)	110,057	797,101
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	12,026	140,925
16. Primary Professional Services - Non-Capitated	18,723	93,789
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	0	180
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	0	0
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	30,749	234,894
Administration		
25. Compensation	32,510	321,036
26. Interest Expense	0	45
27. Occupancy, Depreciation and Amortization	9,667	78,492
28. Management Fees		
29. Marketing	19,539	110,101
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	18,459	152,283
32. TOTAL ADMINISTRATION (Items 25 to 31)	80,175	661,957
33. TOTAL EXPENSES	110,924	896,851
34. INCOME (LOSS)	-867	-99,750
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)	-867	-99,750
NET WORTH:		
38. Net Worth Beginning of Period	330,689	395,336
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		34,236
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	-867	-99,750
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	329,822	329,822

STATEMENT AS OF 3-31-2004 OF 933-0052 Liberty Dental Plan of California Inc.

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Premium Refunds	-282	-3,490
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	-282	-3,490
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301.		
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Printing	453	3,259
3102. Advertising and Promotion	1,521	11,632
3103. Travel and Business	1,654	18,369
3104. Repairs/Maintenance	761	9,339
3105. Postage	579	7,184
3106. Telephone	1,545	13,874
3198. Summary of remaining write-ins for Item 31 from overflow page	11,946	88,626
3199. TOTALS (Items 3101 thru 3106 plus 3198)	18,459	152,283
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	110,162	798,988
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	-106	-1,888
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-29,052	-238,296
8. Administration Expenses	-81,991	-590,734
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	-987	-31,930
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		-1,898
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		-735
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	0	-2,633
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		34,236
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	0	34,236
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-987	-327
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	22,946	22,286
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	21,959	21,959
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	-867	-99,750
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	3,686	33,128
32. Decrease (Increase) in Receivables	-14,909	-79,232
33. Decrease (Increase) in Prepaid Expenses	-202	-9,777
34. Decrease (Increase) in Affiliate Receivables		
35. Increase (Decrease) in Accounts Payable	-2,259	34,994
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	5,566	21,759
37. Increase (Decrease) in Unearned Premium	9,980	93,120
38. Aggregate Write-Ins for Adjustments to Net Income	-1,981	-26,172
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-119	67,820
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	-986	-31,930
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Increase (Decrease) in Capitation Payable	-3,869	-25,160
3802. Increase (Decrease) in Commissions Payable	3,229	7,540
3803. Increase (Decrease) in Compensation Payable	-1,341	-8,552
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-1,981	-26,172

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	13,725	1,976	1,175	14,526				0			
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual				0				0			
5. Point of Service				0				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	13,725	1,976	1,175	14,526	0	0	0	0	0		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
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609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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NOTES TO FINANCIAL STATEMENTS	
1.	Please see file attachment to view footnotes for the current period
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OVERFLOW PAGE FOR WRITE-INS		
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2.	Aggregate Write-Ins at Item 31 for Other Administrative Expenses Continued:	
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STATEMENT AS OF 3-31-2004 OF 933-0052 Liberty Dental Plan of California Inc.

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1		2
1.	Net Equity		\$	329,822
2.	Add: Subordinated Debt		\$	
3.	Less: Receivables from officers, directors, and affiliates		\$	
4.	Intangibles		\$	245,985
5.	Tangible Net Equity (TNE)		\$	83,837
6.	Required Tangible Net Equity (See Below)		\$	50,000
7.	TNE Excess (Deficiency)		\$	33,837
		Full Service Plans		Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:				
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$ 25,987
	Plus		Plus	
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$
10.	Total	\$ 0	Total	\$ 25,987
C. HEALTHCARE EXPENDITURES:				
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$
	Plus		Plus	
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$
	Plus		Plus	
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ 15,024
14.	Total	\$ 0	Total	\$ 15,024
15.	Required "TNE" - Greater of "A" "B" or "C" \$		Required "TNE" - Greater of "A" "B" or "C" \$	50,000

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1
1. Net Equity	\$ 329,822
2. Add: Subordinated Debt	\$
3. Less: Receivables from officers, directors, and affiliates	\$
4. Intangibles	\$
5. Tangible Net Equity (TNE)	\$ 329,822
6. Required Tangible Net Equity (From Line 18 below)	\$
7. TNE Excess (Deficiency)	\$ 329,822
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:	
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):	
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$
10. Add lines 8 and 9	\$ 0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):	
<u>PART A</u>	
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$
13. Add lines 11 and 12	\$ 0

STATEMENT AS OF 3-31-2004 OF 933-0052 Liberty Dental Plan of California Inc.

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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